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Metropolitan
University**

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Observations of meetings

Dates of fieldwork:	April to May 2016
Country:	United Kingdom
Geography:	Greater Manchester
Method of data collection:	Observations
Language	English
Kind of data:	Field notes
Population:	Meetings of analysts and operational managers
Sampling	Purposive
Number of units	3
Key words	Data, context, coherence, PbR, collaboration

Observation analysts 1

FPD submission

- Agreeing a system for consistently identifying the level of intensity of interventions and working through examples
- Other FPD issues

Three level system – L1 L2 L3 depending on intensity.

Will there be some weighting?

Checking that different boroughs can work with the levels suggested.

LA 9? Can do it with the data. Could do a mix where intervention can be easily bundled in a level, but where offer is more flexible.

Do different case workers deal with different interventions? Not sure.

Should include level of intensity in next submission.

Coding levels of particular family? Agreed that it should put the highest level.

FPD questions?

DV measurement: LA10 draws on key worker report rather than police. How can be consistent across LA?

Also mental health – some people might not be diagnosed through services, but can draw from key worker. If needs GP, would be very difficult.

July's NIS submission

- Consistency and data quality issues (update on issues discussed at previous meeting)

ESA criteria and on support group – is it an additional criteria? Cos if not, some families go down to one issue. Other LA seem to be counting it as a criteria.

Family relationship, there is a drop down list (parent /grand parent/ adult/ etc). Some are struggling with it, whilst others do it fine. Can you do it for comparison group? Sounds like no.

Identifying family members – big difference between intervention family and control group children. In control group family, only listing individuals that have issues and not listing the other individuals.

GM connect – combined authority approach on how will do data analysis etc under one umbrella.

Based on broad model – KPMG New York

Some LA struggle to get data from Organisation X. They have the ability to get the data.

Also victim data and nominal data is difficult to access.

What's the best way to have a consistent approach for GM to have a control group?

TFU Allocations and PbR targets for 2016/17

Minimum amount of funding expected to draw = quite challenging. 3 broad leavers – service transformation grant to be set to maximum, stretch on allocations (engage more next year than last year), PBR 4600 families across GM next year. LA2 and LA5 numbers based on better performance in first part, puts them in a challenging position for next stage (?)

PSR team looked at what is feasible; think that they will hit 75%, so that should be reachable target. Trying to get more families into the programme.

75% of the minimum is still challenging. Some were told that need to claim and hit those figures. The model of TF is based on PbR.

Thought was going to be different to phase 1, but targets are very high again.

Trying to override the data driven approach, having discussion on how to claim the right and efficient way. Families might not hit intensity.

This is a national issue. Concern that they are missing a trick to claim funding whilst taking a morally better approach. In 2017, GM will get all the money up front. If they say 75% this year is realistic, will they get funding for next year reduced? So this is a one year problem.

Next session more focused on PBR and what doing, etc.

Two dates: a mid-point and an end-point. The mid-point is optional, but end-point is mandatory.

Asked if could meet with auditors.

Observation analysts 2

Data not always comparable across authorities as same headings can be understood differently.

Difference of stats between NIS2 and FPD2

- LA 3: had to take out one family, that included about 10 people and then also took out unborn children (5)
- Other boroughs, similarly unborn babies, and identified duplicates. As ONS removed some individuals from the families, when unborn and those under 4 who wouldn't have data matching. LA1, Revs and Devs – don't have access so don't know the address of the people. In that case the FPD is more accurate. Bolton, also mostly duplicates.
- Generally FPD more accurate.
- When more PDF but no match to NIS, it means new family members are identified within a family that already had an ID.

Closed 'other': So LA10, there are a set of workers doing TF, and when families have been there 2 years, they 'close' the case as TF, but are still working with them in a holistic way.

Bolton also have complex life style projects, which is a similar model to some extent. So it's a bit more complicated.

Also with early help and mental health, sometimes early help is closed but mental health is still going on.

Intensity of intervention: some interventions don't fit the model.

Some recorded incidents – 0 can mean they don't have the data or don't know.

There is a difference between recorded incidents and reality in terms of what is identified by services such as alcohol and reality where 80% probably have an issue with it.

The data will form the basis of some baseline for a GM report.

PBR

- New process for submission of claims during window

During that window, PbR can be submitted when they want. Fixed payment day in sept. Could be a half way day in July. Then mandatory PbR day a week before the national closing day where all GM authorities will have to make at least one claim by that point.

GM leads are happy to receive claims whenever they are ready. If it is better on a monthly basis, it is possible.

- TFU spot checks

GM lead had a call with them last week. First wave? Point is that every LA will be spot checked twice over the programme (which lasts 4 years). Same topic as this morning at open managers' meeting. Same argument than this morning: if do it now, the audit will look at a small number of claims.

- Local claims profiles and claims projections

Tension between what they claim and reality. TF can take more than two years to work with, so focus on smaller number of issues. There is a moral questioning about what they are trying to do, the final point is to help the families. Trying to claim the numbers is difficult, they will push some numbers but not sure they will stand an audit. Some suggestions that it is going back to TF1. If everyone cleans the data, at least they are all in trouble together.

If you broaden the services that take the claim you can hope to achieve the targets (early help assessments)

GM connect on school attendance. What happens for children who go out of GM?

Acknowledgement that start with 10 LA, could then try to bring it out to beyond GM.

Key difference between LA2 and LA10 ?

- In LA2, there is a central team vs children services team

- Database are different, LA2 has some automatic way to get data vs manual search in databank
- Approaches, in LA2 use the TF approach with training for key workers, get references from other teams vs much bigger team
- Etc

Could map out the differences between LA, and where analyst seats etc. could use the meeting to talk about this.

Nigel trying to set up a knowledge hub.

London data managers TF unit are very good – use their hub, to see previous questions.

Observation operational managers

Organised crime

Evaluation on TF work on organised crime

TF, programme challenger, and new economy are being evaluated, including a CBA. Getting data on cost, evaluation data: for additional request for funding. Each of the tf programme are different and want to capture that rather than making it one thing. Doing more work, to understand the wide variety of applications. Looking at referrals, OCG links, time period, etc. Understanding of the local assessment process. And what specific intervention and activity to demonstrate the cost element of the data. Looking at outcomes, looking at what had the most impact across the areas. Good to understand.

Questions around added value, what is the role of TF in tackling organised crime? So people from police will talk to coordinators etc. recognise that programme is very different across GM and want to work together. Trying to get initial engagement and not getting round the table.

Trying to review that partnership governance meeting are taking place and people are invited.

How is the program supporting public reform?

Despite funding, need to be part of a spot check and national assessment. Trying to make sure they are working with families in the right way and measuring the impact, this should be independent from PbR. Do we want to be part of the first wave? Room answer no.

They don't know who is paying what in GM, will request a list of family IDs with broad characteristics on outcomes. It would provide them with GM profile. They would then look at LA where over 100 claims were made during first wave, will then choose 10% of that list, tell what cases they are, will then come on site for one day and look at data that should already be there, and talk to a couple of key workers from the case to get a sense of what delivery looks like.

The random selection of case means they don't know where it will fall. Suggestion that they wait until the second round so they have a better understanding of what this is about – can ask Liverpool what this was.

If they come to the first round they won't see the full picture. Better value if they come later.

Prediction for next year is that PbR will be higher, so higher number of cases. So there is a question about whether Manchester should go now. Next time there could be many more cases. Could be played at their advantage, give them a sense of what they are doing. Question: what feedback will we get from it? What happens if they are not happy with something?

Will do some work in the next six months about the governance and what it does etc. One of the cases will come from school attendance data, there is issue with schools crossing lines of authorities (child lives in one area and goes to school in another one), no macro level exchanged at that level. There are safeguarding issues.

This is about sourcing the data from the local authorities (who owns it) and think about how to extract it and share it. It aligns very clearly with what they are trying to do in TF. So there are gateways that suggest that they can share information legally between local authorities. So it is about scoping what that technical spec might look like. The 90% unauthorised absence. Question what does that data scheme look like and what does the profile look like?

Can be further extended to exclusion? If formal organisations can get some data out of the academy it would be good cos TF coordinators struggle to do that. So this can be about what data should be extracted. Is it absence at persistent level? Or about attendance details full stop (no matter if it is 0% or 100%). The analyst session this afternoon can talk about some of that. So letting op managers know.

They are keen to have a wider use of it, inclusive of more data, to build some type of child passport that would contain all the information and would transfer – families moving often can be a sign of safeguarding issues. The use goes beyond TF, would be very valuable for their social worker.